

SOUTH AFRICAN VETERINARY COUNCIL

GUIDELINES (B) FOR THE USE OF MEDICINES BY ANIMAL WELFARE ASSISTANTS

2009

1. Background to authorisation of animal welfare assistants

The South African Veterinary Council (SAVC) approved the authorisation of Animal Welfare Assistants (AWAs) in 1999 in order for AWAs to legally perform primary animal health care work, which was required in areas where there were no veterinary services available, and to regulate the activities of AWAs. The approval followed after consideration of a request submitted by the Animal Welfare Organisations (AWOs), as well as several discussions and meetings with various role players (excerpt from "Guidelines for the authorisation of Animal Welfare Assistants", 2008). The main motivation for the authorisation of AWAs was the need for lay people to perform euthanasia of suffering animals in areas where no veterinarians were available.

When the authorisation of AWAs was agreed to by the SAVC, a list of the medicines that AWAs would be allowed to use was produced. When the AWA policy was reviewed in 2007, this medicines list was withdrawn as it was considered inappropriate for use by unqualified individuals. It was decided that the Registration and Authorisation (R&A) Committee would deal with Animal welfare assistant (AWA) applications on an individual basis when considering the use of medicines by AWAs. This was based on the fact that AWAs worked under highly variable conditions, thus one single policy for all applications would have been difficult to apply. The aim of this document is to serve as a policy guideline when the Registration and Authorisation Committee and full Council consider applications for the authorisation of AWAs where application is made for the use of scheduled medicines.

During the AWA roadshow undertaken by the SAVC in January 2007, veterinarians were questioned about the drugs they allowed AWAs to handle. Since the new AWA policy was implemented in 2008, all applications for authorisation had to include a list of the medicines that the applicant wanted to use. The applications were then dealt with on an individual basis.

SAVC has resolved to formulate a policy for the use of medicines by AWAs in order to align with existing laws and regulations as well as Council's policy in terms of AWAs. This document seeks to clarify the role of AWAs with particular reference to the use of medicines.

2. Services pertaining to a veterinary profession

In terms of Rule 2 of the rules of the Veterinary and Para-Veterinary Professions Act (the Act), the following are services pertaining specifically to the veterinary profession and may therefore only be performed by a registered veterinarian:

- the diagnosis, treatment, prevention of, or advice on a disease, physiological or pathological condition in an animal;
- a surgical or dental operation or procedure on an animal; and
- the prescribing or administration of medicine to an animal.

Any non-veterinarian performing these procedures is in contravention of the Act unless such a person is authorised by the SAVC, in terms of Section 23(1) (c) of the Act, to perform veterinary procedures under certain conditions. The administration of medicines by persons not registered under the Act requires authorisation unless it has been prescribed by a veterinarian.

3. Scope of work of animal welfare assistants as derived from recent applications

From the applications received since the review of the system, certain patterns have emerged. The following AWA profiles can be identified by the functions they perform:

- A. Euthanasia only
- B. Euthanasia and primary animal health care i.e. vaccinations, deworming, dipping
- C. Assisting veterinarians with their work at veterinary facilities at AWOs
- D. Primary health care, treatment of common conditions and euthanasia in veterinary facilities at AWOs
- E. Primary health care, treatment of common conditions and euthanasia in mobile units
- F. Euthanasia only with no veterinary supervision or direction (these candidates apply for MRA permits to acquire, keep and use pentobarbitone and must comply with strict requirements – this is only extended to very well motivated cases – refer to the relevant document)

It appears from the applications that there is a wide perception amongst both AWOs and veterinarians as to the actual scope of work of an AWA, ranging from essentially an assistant to the veterinarian in the welfare setting to a semi-professional individual working along similar lines as a veterinarian, serving indigent clients.

4. Scope of work of the animal welfare assistant – Council's view

In formulating a policy, Council has had to consider the interests of the veterinary and para-veterinary professions, the public and the animals who are being cared for. Council also had to be mindful of the fact that animals owned by indigent owners (the clients of AWOs) are entitled to the same quality of veterinary services as any other patient. Furthermore, Council took cognisance of legislation regulating the use of medicines (Medicines and Related Substances Act, Act no 101 of 1965).

Council is of the opinion that it was never the intention that AWAs should diagnose and treat diseases in animals. The original intention was for AWAs to provide a basic primary health care service and perform humane euthanasia, and that the diagnosing and treatment of sick patients would remain the responsibility of the veterinarian. It is unacceptable for AWAs to consult clients the same way a veterinarian would and to have access to all the medicines in a veterinary welfare facility.

The intention was that AWAs should only be allowed to independently handle medicines needed for basic primary health care and that any other use of medicines would be strictly controlled by the veterinarian in charge. Council is concerned about the increasing independence of AWAs with inadequate levels of veterinary control and also the increasing tendency of applications for AWA authorisation that are not accompanied by proof that a registered para-veterinary professional could not be employed.

The scope of work of AWAs is basic primary animal health care which includes the following:

- Vaccinations
- Endoparasite control
- Ectoparasite control
- Treatment of wounds
- Administering medication on veterinarian's prescription orally or by subcutaneous injection
- Referring cases that need more than primary health care to veterinarian

- Humane euthanasia

Authorisation may be granted for the following procedures under certain conditions (refer to the Council document "Criteria for animal welfare assistants"):

- Intramuscular injection
- Intravenous injection
- Intravenous fluid therapy (only approved if done under veterinary supervision)

5. Veterinary control of AWAs

The levels of veterinary control¹ (as defined in the Code of Conduct for veterinarians and rules for veterinary nurses) are as follows:

1. Direct and continuous supervision: The AWA receives instructions from a veterinarian and carries out the instructions in the veterinarian's presence who gives the AWA and the patient undivided attention.
2. Supervision: The veterinarian is present on the same premises and in a position to assist, yet is not necessarily at the AWA's side or in the same room.
3. Direction: The veterinarian gives the AWA directions but is not necessarily present when they are carried out. The directions are given verbally face-to-face or by telephone, or in writing.

Council has added a further dimension to veterinary control, namely frequency of veterinary control²:

1. Veterinary supervision:
 - Direct and continuous supervision, veterinarian on same premises
 - Intermittent supervision, at least twice a day, veterinarian on same premises
2. Veterinary direction (telephonic contact or visit / meeting):
 - Direction for each case requiring more than basic primary health care i.e. on a case-by-case basis
 - Direction not for each case but at least once a week

¹ The term "control" is used instead of "supervision" to avoid confusion as "supervision" is already one of the levels of control

² This is a new principle that Council must decide about and this principle is embodied in the proposed policy in point 6

- Direction not for each case; less often than once a week but at least once a month

The level of veterinary control will determine to some extent the range of medicines an AWA will be allowed to use.

6. SAVC Policy

Council's policy is based on the link between the level and frequency of supervision and the scheduling status of the medicines to be used by an AWA.

1. AWAs may not make diagnoses and prescribe treatments for disease conditions in animals.
2. AWAs may use and dispense Schedule 0, 1 and 2 medicines (Act 101) and stock remedies (Act 36) provided the controlling veterinarian is satisfied that they are competent to do so.
3. AWAs may not use Schedule 5 and 6 medicines under any circumstances with the exception of pentobarbitone where applicable and approved by Council, in accordance with the relevant legislation (Act 101).
4. Schedule 3 and 4 medicines may only be used by AWAs if the controlling veterinarian is consulted on their use on a case-by-case basis. This implies regular and frequent communication between the controlling veterinarian and the AWA. In instances where veterinarians only provide intermittent direction or supervision, the use of Schedule 3 and 4 drugs by AWAs will not be approved.
5. Proper records of the use of all medicines must be kept in accordance with the provisions in the Veterinary and Para-veterinary Professions Act.

7. Euthanasia and radiographic assistance

Currently the AWA guidelines state that euthanasia may only be performed under veterinary supervision. However, this is a problem for many AWOs as it is precisely when the veterinarian is not immediately available that the AWAs need to perform euthanasia, otherwise the veterinarian could have done it him / herself. It is proposed that the wording on the guideline document is amended to "veterinary direction" instead of "veterinary supervision" for euthanasia.